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## BIB DATA SHEET

CONFIRMATION NO. 2926

<b>SERIAL NUMBER</b> 10/057,596	<b>FILING or 371(c) DATE</b> 01/24/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 01-531	
<b>APPLICANTS</b> Douglas C. Shepard, Mansfield, MA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/25/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GOLLAMUDI S KISHORE/ Acknowledged _____ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> MAYER & WILLIAMS PC 251 NORTH AVENUE WEST 2ND FLOOR WESTFIELD, NJ 07090 UNITED STATES					
<b>TITLE</b> Medical articles having enzymatic surfaces for localized therapy					
<b>FILING FEE RECEIVED</b> 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		